

# South Carolina 2018 List of Reportable Conditions

## Attention: Health Care Facilities, Physicians, and Laboratories

South Carolina Law §44-29-10 and Regulation §61-20 require reporting of conditions on this list to the regional public health department. South Carolina Law §44-53-1380 requires reporting by laboratories of all blood lead values in children under 6 years of age.

**HIPAA:** Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512)

! Immediately reportable by phone call to a live person at the regional public health office, 24/7

\* Urgently reportable within 24 hours by phone

All other conditions reportable within 3 business days

## REPORT UPON RECOGNITION OF A SUSPECTED CASE, DIAGNOSIS, OR POSITIVE LABORATORY EVIDENCE (SEE "HOW TO REPORT" ON BACK)

Suspected means clinical suspicion and/or initial laboratory detection, isolation, identification, or presence of supportive laboratory results.



! **Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (5)**

\* Animal (mammal) bites (6)



! **Anthrax (*Bacillus anthracis*) (5)**

Babesiosis (*Babesia microti*)



! **Botulism (*Clostridium botulinum* or Botulinum toxin)**



\* Brucellosis (*Brucella*) (5)

Campylobacteriosis (2) (5)

Carbapenem-resistant Enterobacteriaceae (CRE) (5) (9) (10)

Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) (5) (10) (12)

Chancroid (*Haemophilus ducreyi*)

\* Chikungunya (5)

*Chlamydia trachomatis*

\* Ciguatera

Creutzfeldt-Jakob Disease (Age < 55 years only)

Cryptosporidiosis (*Cryptosporidium*)

Cyclosporiasis (*Cyclospora*)

\* Dengue (5)

\* Diphtheria (*Corynebacterium diphtheriae*) (5)

\* Eastern Equine Encephalitis (EEE) (5)

\* *Escherichia coli*, Shiga toxin – producing (STEC) (5)

Ehrlichiosis / Anaplasmosis (*Ehrlichia* / *Anaplasma phagocytophilum*)

Giardiasis (*Giardia*)

Gonorrhea (*Neisseria gonorrhoeae*) (2)

\* *Haemophilus influenzae*, all types, invasive disease (H flu) (2) (3) (5)

\* Hantavirus

\* Hemolytic uremic syndrome (HUS), post-diarrheal

\* Hepatitis (acute) A, B, C, D, & E

Hepatitis (chronic) B, C, & D

Hepatitis B surface antigen + with each pregnancy

HIV and AIDS clinical diagnosis

HIV CD4 test results (all results) (L)

HIV subtype, genotype, and phenotype (L)

HIV 1 or HIV 2 positive test results (detection and confirmatory tests) (L)

HIV viral load (all results) (L)

HIV HLA-B5701 and co-receptor assay (L)

! **Influenza A, avian or other novel strain**

\* Influenza associated deaths (all ages)

Influenza

• Lab-confirmed cases (culture, RT-PCR, DFA, IFA) (2)

• Lab-confirmed hospitalizations (7)

• Positive rapid antigen detection tests (7)

\* La Crosse Encephalitis (LACV) (5)

Lead tests, all results - indicate venous or capillary specimen

Legionellosis

Leprosy (*Mycobacterium leprae*) (Hansen's Disease)

Leptospirosis

Listeriosis (5)

Lyme disease (*Borrelia burgdorferi*)

Lymphogranuloma venereum

Malaria (*Plasmodium*)

! **Measles (Rubeola)**

! **Meningococcal disease (*Neisseria meningitidis*) (2) (3) (4) (5)**

\* Mumps

\* Pertussis (*Bordetella pertussis*)



! **Plague (*Yersinia pestis*) (5)**



! **Poliomyelitis**



Psittacosis (*Chlamydophila psittaci*)



\* Q fever (*Coxiella burnetii*)

! **Rabies (human)**

Rabies Post Exposure Prophylaxis (PEP) when administered (6)

\* Rubella (includes congenital)

Rocky Mountain Spotted Fever (*Rickettsia rickettsii*) (Spotted Fever group)

Salmonellosis (2) (5)

\* Shiga toxin positive (5)

Shigellosis (2) (5)



! **Smallpox (Variola)**

\* *Staphylococcus aureus*, vancomycin-resistant or intermediate with a

VA >6 MIC (VRSA/VISA) (2) (5)

*Streptococcus* group A, invasive disease (2) (3)

*Streptococcus* group B, age < 90 days (2)

*Streptococcus pneumoniae*, invasive (pneumococcal) (2) (3) (11)

\* St. Louis Encephalitis (SLEV) (5)

\* Syphilis: congenital, primary, or secondary (lesion or rash) or Darkfield positive

Syphilis: early latent, latent, tertiary, or positive serological test

Tetanus (*Clostridium tetani*)

Toxic Shock (specify staphylococcal or streptococcal)

\* Trichinellosis (*Trichinella spiralis*)

\* Tuberculosis (*Mycobacterium tuberculosis*) (5) (8)



\* Tularemia (*Francisella tularensis*) (5)

\* Typhoid fever (*Salmonella typhi*) (2) (5)



\* Typhus, epidemic (*Rickettsia prowazekii*)

Varicella

\* *Vibrio*, all types, including *Vibrio cholerae* O1 and O139 (5)



! **Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg viruses)**

\* West Nile Virus (5)

\* Yellow Fever

Yersiniosis (*Yersinia*, not *pestis*)

\* Zika (5)



**Potential agent of bioterrorism**

(L) Only Labs required to report.

1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.

2. Include drug susceptibility profile

3. Invasive disease = isolated from normally sterile site. Always specify site of isolate.

4. Report Gram-negative diplococcus in blood or CSF.

5. Specimen submission to the Public Health Laboratory is required. Ship immediately and urgently reportables within 1 business day. Ship 3 day reportables within 3 business days. Contact regional staff if assistance is needed.

6. Rabies exposure prophylaxis guidance: [www.scdhec.gov/environment/health/rabies/rabies-pep.htm](http://www.scdhec.gov/environment/health/rabies/rabies-pep.htm). Consultation is available from DHEC Regional Public Health Office.

7. Report aggregate totals weekly.

8. Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider suspects TB based on signs, symptoms, and/or laboratory evidence of TB. Centers for Disease Control and Prevention case definition of confirmed cases: <https://www.cdc.gov/nndss/conditions/tuberculosis>.

9. Carbapenem-resistant Enterobacteriaceae infections from all specimen types for the following species: *E. Coli*, *Enterobacter*, and *Klebsiella*.

10. Appropriate specimen types: A pure, low passage isolate submitted on a noninhibitory, non-selective agar plate or slant is preferred. If available submit one original culture plate.

11. Specimen submission to the Public Health Laboratory is required for *Streptococcus pneumoniae*, invasive in cases < 5 years of age.

12. Specimen submission of the first isolate of the month to the Public Health Laboratory is required for Carbapenem-resistant *Pseudomonas aeruginosa*.

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<http://www.dhec.sc.gov/library/D-1129.pdf>

## What to Report

- Patient's name
- Patient's complete address, phone, county, date of birth, race, sex, last five digits of social security number
- Physician's name and phone number
- Name, institution, and phone number of person reporting
- Disease or condition
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Lab results, specimen site, collection date
- If female, pregnancy status
- Patient status: In childcare, food-handler, health care worker, childcare worker, nursing home, prisoner/detainee, travel in last 4 weeks

## How to Report

### HIV, AIDS, and STDs (excluding Hepatitis):

#### Do not fax HIV, AIDs, or STD results to DHEC

- Call 1-800-277-0873;
- Submit electronically via DHEC's web-based reporting system; or
- Mail to: *Division of Surveillance & Technical Support  
Mills/Jarrett Complex  
Box 101106, Columbia, SC 29211*

#### Lead:

- Submit electronically via DHEC's web-based reporting system; or
- Mail to: *Bureau of Health Improvement & Equity, Lead Surveillance  
c/o Brian Humphries,  
Sims-Aycock Building, 2600 Bull Street,  
Columbia, SC 29201*
- Fax to: (803) 898-3236; or
- Call (803) 898-3641 to establish electronic reporting

## Where to Report Other Conditions

Report all other conditions to the public health office (listed below) in the region in which the patient resides.

### Immediate and Urgent Reporting (TELEPHONE)

#### Lowcountry

**Berkeley, Charleston, Dorchester**  
Phone: (843) 953-0043

**Beaufort, Colleton, Hampton, Jasper**  
Phone: (843) 549-1516 ext. 218

**Allendale, Bamberg, Calhoun, Orangeburg**  
Phone: (803) 268-5833

**Nights/Weekends**  
Phone: (843) 441-1091

#### Midlands

**Kershaw, Lexington, Newberry, Richland**  
Phone: (803) 576-2749

**Chester, Fairfield, Lancaster, York**  
Phone: (803) 286-9948

**Aiken, Barnwell, Edgefield, Saluda**  
Phone: (803) 642-1618

**Nights/Weekends**  
Phone: (888) 801-1046

#### Pee Dee

**Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro**  
Phone: (843) 661-4830

**Clarendon, Lee, Sumter**  
Phone: (803) 773-5511

**Georgetown, Horry, Williamsburg**  
Phone: (843) 915-8804

**Nights/Weekends**  
Phone: (843) 915-8845

#### Upstate

**Anderson, Oconee**  
Phone: (864) 260-5581

**Abbeville, Greenwood, McCormick**  
Phone: (864) 260-5581

**Cherokee, Greenville, Laurens, Pickens, Spartanburg, Union**  
Phone: (864) 372-3133

**Nights/Weekends**  
Phone: (866) 298-4442

### 3-Day Reporting (MAIL or FAX)

#### Lowcountry

4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405  
Fax: (843) 953-0051

#### Midlands

2000 Hampton Street  
Columbia, SC 29204  
Fax: (803) 576-2993

#### Pee Dee

145 E. Cheves Street  
Florence, SC 29506  
Fax: (843) 661-4859

#### Upstate

200 University Ridge  
Greenville, SC 29602  
Fax: (864) 282-4373

## Where to Report Tuberculosis

Report to the public health office (listed below) in the region in which the patient resides.

#### Lowcountry

**Berkeley, Charleston, Dorchester**  
Office: (843) 719-4612  
Fax: (843) 719-4778

**Allendale, Bamberg, Beaufort, Calhoun, Colleton, Hampton, Jasper, Orangeburg**  
Office: (843) 549-1516 ext. 222  
Fax: (843) 549-6845

**Nights/Weekends/Holidays:** (803) 898-0558 **Fax:** (803) 898-0685

#### Midlands

**Chester, Kershaw, Lancaster, Newberry, York**  
Office: (803) 909-7357  
Fax: (803) 327-4391

**Aiken, Barnwell, Edgefield, Fairfield, Lexington, Richland, Saluda**  
Office: (803) 576-2870  
Fax: (803) 576-2880

#### Pee Dee

**Dillon, Georgetown, Horry, Marion**  
Office: (843) 915-8798  
Fax: (843) 915-6504

**Chesterfield, Clarendon, Darlington, Florence, Lee, Marlboro, Sumter, Williamsburg**  
Office: (843) 673-6693  
Fax: (843) 661-4844

#### Upstate

**Cherokee, Spartanburg, Union**  
Office: (864) 596-2227 ext. 108  
Fax: (864) 596-3340

**Abbeville, Anderson, Greenwood, Laurens, McCormick, Oconee, Pickens**  
Office: (864) 260-5562  
Fax: (864) 260-5564

**Greenville**  
Office: (864) 372-3198  
Fax: (864) 282-4294



### DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology • 2100 Bull Street • Columbia, SC 29201  
Phone: (803) 898-0861 • Fax: (803) 898-0897 • Nights/Weekends: (888) 847-0902

[www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC](http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC)

To learn about  
DHEC's web-based  
reporting system, call  
**1-800-917-2093.**